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Contracted by the Idaho Department of Health and Welfare

**Fax** 

To:

Christina Ctorides

Goldsmith, Ctorides & Rodriguez

From:

Allce Hicks

HMS

9728948855

Fax: 2124215185

Date:

January 21, 2015

Phone:

2124215500

Pages:

2

Re:

## **COMMENTS:**

THIS FAX IS INTENDED ONLY FOR THE USE OF THE PERSON OR OFFICE TO WHOM IT IS ADDRESSED, AND CONTAINS PRIVILEGED OR CONFIDENTIAL INFORMATION PROTECTED BY LAW. ALL RECIPIENTS ARE HEREBY NOTIFIED THAT INADVERTENT OR UNAUTHORIZED RECEIPT DOES NOT WAIVE SUCH PRIVILEGE, AND THAT UNAUTHORIZED DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE DESTROY THE ATTACHED DOCUMENT(S) AND NOTIFY THE SENDER OF THE ERROR.

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Contracted by the Idaho Department of Health and Welfare

January 16, 2015

Christina Ctorides Goldsmith, Ctorides & Rodriguez 747 3rd Avenue New York, NY 10017

Case Number:

Client: MID: 0001643066

Accident Date: 04/15/2008

Dear Christina Ctorides:

Under Federal law and regulations, the State has a claim to that portion of the third party liability (TPL) settlement amount that represents reimbursement for past medical expenses. This is true even though the State may not have been a party to the litigation.

Based on the settlement and cost figures you provided me, I have calculated DHW's current claim amount minus allowable costs and attorney's fees to be the following:

Total Settlement Amount Negotiated Attorney Rate Attorney Costs



Related Medicaid Claims Medicaid Attorney Fees Medicaid Attorney Costs DHW's Claim Amount



Please mail a copy of the settlement for our records and a check or money order in the amount of payable to the HMS Recovery Unit to the address listed below. Once payment is received, the Department will send a release of its claim.

HMS Recovery Unit P.O. Box 2894 Boise, ID 83701-2894 (844) 388-0652

If you have any questions, please contact me at 844-388-0652.

Sincerely,

Alice Hicks

Casualty Caseworker, HMS Recovery Unit

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